				.10.			~				2-U	<u> </u>	<u> </u>
444		R	egistration District No	43	Primary	Registration D	Pistrict No. 300	Registrar	15 No. 57	8-	STATE F	ILE NUMBER	
AMEA 		=	004151794		2			I1	SIDENCE (When		d. If instit		-
AMENDED		l _	D0.1	LER				a. STATE	Mo.	b. COUNTY D	<u>unkli</u>	<u>n</u>	ission)
			b. CITY (If outside of OR			only)	Length of stay in 1b	OR		•			e Limits
3		l		AR BLUF			7 MONTHS	TOWN	Mald		,,, ,		K No [
			c. FULL NAME OF (III				Inside Limits	d. STREET ADDRES		(If cutside,	_	1	on Far
DATE		<u> </u>	INSTITUTION 20)14 FAIF	STREE	<u> </u>	Yes 🚹 No 🗆		<u>S. Mari</u>	on Str	<u>eet</u>	Yes [] No [
		_3	. NAME OF DECEASE (Type or print)	D Fir	st .	W	iddle	Last	4. DATE	E Mo	nth	Day	Year
			(Type Or print)	RAY	THF	REET	WALK	ER	DEAT	H FEB.	5	1962	
		5	. SEX	6. COLOR OF	RACE 7.	. Married 🛚			BIRTH 9. AGE	(last birthday)	IF UNDER		DER 24
		_	MALE	WHITE		Widowed [Divarced [7-3-9	6 6	Yrs	Months	Days Hours	· ^
]]]	10	a. USUAL OCCUPATION	N (Give kind of w	ork done 10b	b. KIND OF BI	JSINESS OR INDUST	RY 11. BIRTHPI	ACE (City and st	tate or country)	12. CITIZ	EN OF WHAT C	OUNT
-	1 }	ł	^d RETTRED ^k	ing itte, even if f	enrea)		UCTION			ARK	U.S		
		B	a. FATHER'S NAME			i	THER'S MAIDEN NA			14. NAME OF	HUSBAND O	R WIFE	
			J. B. WALK				RAH NORV			THELMA		HIMER	
11		15 (Y					TAL SECURITY NO.	17. INFORMA	INT		Address		
1 1		<u> </u>	es, no or unknown) (I					BETTY	DeGARI	S, POP	LAR B	LUFF. 1	MO.
			18. CAUSE OF DEAT	H (Enter only one L. DEATH WAS C	cause per line. AUSED BY:	for				_		INTERVAL ONSET AN	BETW8 ID DEA
P	_ ₩	¥E											
	≤			IMMEDIATE		Pul	mane	m Co	men	Trans			
0 0) CCN			IMMEDIATE		Pul	mani	ny Co	mayer	tron		3	
EAD	DOCUMEN			ions, if any, j		Pul	mani	my Co	ha	Zu	Éth	3-4	M
VSTEAD C	DOCUM	i	which above	ions, if any, gave rise to cause (a),		Pul	mane	my co	ha	Z w	Éth	3-4	M
INSTEAD C	DOCUA		which above stating	ions, if any, gave rise to		Pul Vos mit	manio.	ny Co	ha	Z lu	Ħ	3-4	M
INSTEAD	DOCUA	NO	which above stating	ions, if any, gave rise to cause (a), the under-cause last.	DUE TO (b) DUE TO (c)		Cario /	ATH but not rela	ted to the term	Z Lu		3 -4	M
INSTEAD	DOCUA	ATION	which above stating lying	ions, if any, gave rise to cause (a), the under-cause last.	DUE TO (c)		Cario /	ATH but not rela	ted to the term	Z (ux	there a	3 -4/	male est 90
INSTEAD C	DOCUM	IFICATION	which above stating lying PART	geve rise to cause (a), the under-cause last.	DUE TO (b)	ART 1 (a)					there a	3 -4/	emale est 90
INSTEAD C	DOCUM	ERTIFICATION	which above stating lying PART	ions, if any, gave rise to cause (a), the under-cause last.	DUE TO (b)		TRIBUTING TO DEA				there a	3 -4/	emale est 90
INSTEAD	DOCUM	AL CERTIFICATION	PART I	ions, if any, gave rise to cause (a), the under-cause last. II. OTHER SIGNI disease condit	DUE TO (b) DUE TO (c) DUE TO (c) IFICANT COND Ion given in PA	HOMICIDE					there a	3 -4/	emale est 90
INSTEAD C	DOCUM		19. WAS AUTOPSY PERFORMED? YES NO HOLD	gave rise to cause (a), the under-cause last. II. OTHER SIGNI disease condit	DUE TO (b) DUE TO (c) DUE TO (c) IFICANT COND Ion given in PA	HOMICIDE					there a	3 -4/	emale est 90
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INSTEAD C	DOCUM		19. WAS AUTOPSY PERFORMED? YES NOT	geve rise to cause (a), the under-cause last.	DUE TO (b) DUE TO (c) DUE TO (c) IFICANT COND Ion given in PA SUICIDE 7, Year	HOMICIDE	206. DESCRIBE H		URRED. (Enter na	iture of injury in	there a	3 -4/	emale est 90 Unk
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INSTEAD	DOCUM		19. WAS AUTOPSY PERFORMED? YES NOT	ions, if any, gave rise to cause (a), the under-cause last. 10. OTHER SIGNI disease condit 20a. ACCIDENT Month, Day K WORK 2	DUE TO (b) DUE TO (c) DUE TO (c) IFICANT COND Ion given in PA SUICIDE 7, Year	HOMICIDE	20b. DESCRIBE He	OW INJURY OCC	URRED. (Enter na	nture of injury in	there a	3 -4/	emale est 90 Unk
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INSTEAD			19. WAS AUTOPSY PERFORMED? YES NO M 20c. TIME OF HOLINJURY D. M. AUTOPSY PERFORMED? YES NO M 20d. INJURY OCCUR! WHILE AT WOR NOT WHILE AT 21. I attended the d	gave rise to cause (a), the under-cause last. OTHER SIGNI disease condit 20a. ACCIDENT Month, Day Month, Day Leceased from	DUE TO (b) DUE TO (c) DUE TO (c) IFICANT COND Ion given in PA SUICIDE 7, Year	HOMICIDE INJURY (e.g., ry, street, offi	in or about home, cee bldg., atc.)	OW INJURY OCC 20f. CITY, TOW	URRED. (Enter na N, OR LOCATIO	ON him alive on	COUNTY	3 -4/ eased was find pregnancy in to the part II of item	emale est 90 Unks 18.) STATI
INSTEAD	OF		19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF INJURY OCCUR! WHILE AT WOR NOT WHILE AT 21. I attended the d Death occurred	gave rise to cause (a), the under-cause last. OTHER SIGNI disease condit 20a. ACCIDENT Month, Day Month, Day Leceased from	DUE TO (b) DUE TO (c) FICANT COND FICANT	HOMICIDE INJURY (e.g., ry, street, offi	in or about home, cee bldg., atc.)	OW INJURY OCC 20f. CITY, TOW 16 date stated al	URRED. (Enter na N, OR LOCATIO	ON him alive on	COUNTY	aased was fi pregnancy in It No [PART II of item	emale est 90 Unks 18.) STATI
SHOULD READ	VIT OF	MEDICAL	19. WAS AUTOPSY PERFORMED? YES NO	geve rise to cause (a), the under-cause last. OTHER SIGNI disease condit 20a. ACCIDENT Month, Day RED K WORK 1 Leceased from at 11:58	DUE TO (b) DUE TO (c) FICANT COND FICANT	HOMICIDE INJURY (e.g., ry, street, offi	in or about home, cee bldg., atc.)	OW INJURY OCC 20f. CITY, TOW 5-154 the date stated at 22b. ADDRESS 2156	URRED. (Enter na N, OR LOCATIO	ON him alive on Roples	COUNTY	aased was fi pregnancy in It No [PART II of item	emale est 90 Unki
SHOULD READ	VIT OF	WEDICAL	19. WAS AUTOPSY PERFORMED? YES NO MANUAL PROPERTOR NO MANUAL PROPE	geve rise to cause (a), the under-cause last. 10. OTHER SIGNI disease conditions are conditions. 20a. ACCIDENT 20a. ACCIDENT WORK 22b. DATE	DUE TO (b) DUE TO (c) DUE TO (c) IFICANT COND IFICANT	INJURY (e.g., ry, street, offi	in or about home, ice bldg., etc.) m on to	OW INJURY OCC 20f. CITY, TOW 5-154 the date stated at 22b. ADDRESS 2156	URRED. (Enter na N, OR LOCATIO 2 and last saw pove, and to the 23d. LOCA	him alive on	COUNTY COUNTY COUNTY COUNTY	ased was fir pregnancy in It of item Solvent II of item 22c. D/	emale est 90 Unkr 18.) STATE
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STATEMENT BY LICENSED EMBALMER

	I hereby certify that	the body who	se name	is record	ded on the rev	rerse side	of this certificate was	embalmed by me,
or by_							, Student Embalmer	No
working	g under my personal s	supervision.			0	\cap	Alian	,
Student					Signed	ريلا	May	man
, S.,	Signature of	Student Embalmer		•••	\mathcal{O} .	L	icensed Embalmer No.	4086 alden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting of this body is not embalmed, fact should be so stated above.